

# Arkansas Spinal Cord Commission

## 2003 Annual Report

**Mike Huckabee, Governor**

**Arkansas Spinal Cord Commission**

**Joe McNiel, Hope, Chair**

**Jimmy Ashley, Jonesboro**

**Robert Foster, M.D., Fayetteville**

**James Miller, Harrison**

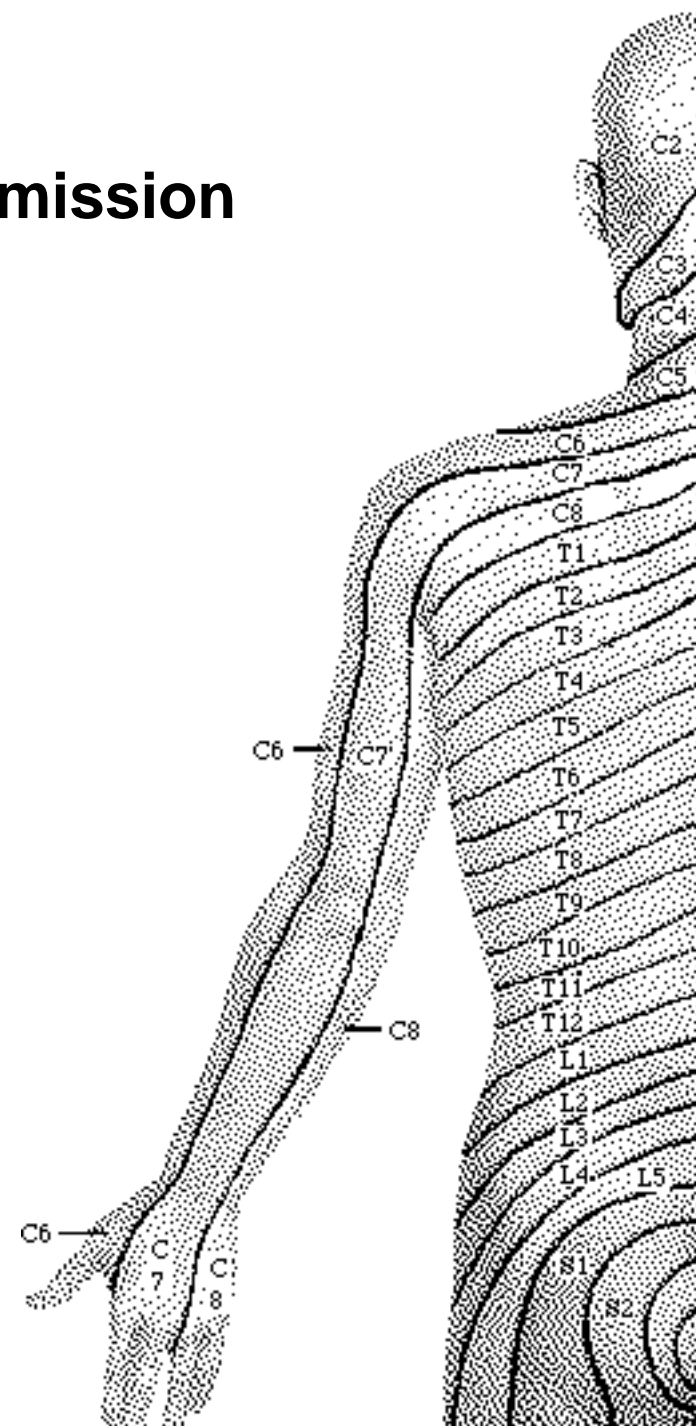
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# AGENCY HISTORY AND DIRECTION

## Agency Mission

The mission of the Arkansas Spinal Cord Commission is to administer a statewide program to identify and meet the unique and lifelong needs of people with spinal cord disabilities in the state.

## Scope of Services

Each year, nearly 200 Arkansans sustain spinal cord injuries that are severe enough to limit their abilities to function in their homes, their jobs and their communities. For most of these individuals, the disability is permanent, causing limitations in their mobility, sensation and other functional abilities. These disabilities have a significant impact on the individuals and their families and communities.

The Arkansas Spinal Cord Commission provides a variety of services to individuals with spinal cord disabilities and their families throughout the state of Arkansas. Fourteen Case Managers in 10 field offices provide services to citizens in all 75 counties. Services are tailored to the needs of the individual and family and are as diverse in scope as the families that we serve. The Commission staff work in concert with state and federal agencies, medical

and home health services, rehabilitation and educational institutions and community agencies to assist these individuals in accessing the services that they need.

The Arkansas Legislature established the Commission in 1975 to provide a coordinated approach to early identification, emergency care, acute and rehabilitation treatment and long term follow up. Within this system of care, the Commission provides a link between Arkansans with spinal cord disabilities and their families and the multifaceted system of treatment and services available to them.

It is the goal of the Arkansas Spinal Cord Commission to ensure that all persons with spinal cord disabilities in our state are provided every opportunity to live as independently and productively as possible.

## Legislative Mandates

ACT 311 of 1975 (aca 20-8-201)

“An act to establish a program for the quality care, treatment and rehabilitation of persons who have sustained acquired or congenital spinal cord injury or damage: To establish a state Spinal Cord Commission to administer said program: to authorize the cooperative development of an Arkansas Spinal Treatment Center and for other purposes....”

ACT 330 of 1977 (aca 20-8-206)

“... The Arkansas Spinal Cord Commission shall establish and maintain a central registry of spinal cord disabled persons: Every public and private health and social agency and attending physician shall report to the Commission within five (5) calendar days of identification of any spinal cord disabled person. Consent of the individual shall be obtained and the report shall contain the name, age, residence and type of disability and other information as needed.

Within fifteen (15) days of the report, the Commission shall notify the individual or family of their right to assistance, services available and eligibility requirements and make referrals to the appropriate agencies and services to assure optimal rehabilitative services.”



# PROGRAM SERVICES

## Case Management Services

Whether you are born with a spinal cord disability or sustain one later in life, coping is difficult. The newly injured individual and his family face a plethora of questions and concerns about the disability and how it will affect the future.

ASCC Case Managers serve an important role in helping these individuals cope with what spinal cord injury will mean to them. The Case Manager comes on the scene a few days after the injury and can answer many questions regarding the injury and its effects for the individual and his family. Case Managers also assist families in identifying and applying for services to assure that they access every available resource. As the individual progresses through treatment, the Case Manager assists with referrals for rehabilitation, conducting home accessibility surveys and obtaining needed adaptive equipment such as a wheelchair. The Case Manager takes an integral role in assuring that the individual's transition home is a smooth one.

Our services don't stop there. The ASCC Case Manager is there for those individuals living in the community who need them, even years after the initial injury. When secondary conditions such as pressure sores strike, the Case Manager again provides information, referral and assistance with obtaining treatment or equipment. This community based intervention prevents costly hospitalizations and institutionalization of these otherwise independent individuals.

In Fiscal Year 2003, 2,364 Arkansans with spinal cord disabilities received services from the Arkansas Spinal Cord Commission. Fourteen ASCC Case Managers made 6,482 visits to these individuals, providing services to meet their unique needs.

## Long Term Attendant Care

Most of us take for granted our abilities to feed ourselves, brush our teeth or get out of bed and get dressed each day. Spinal cord injured Arkansans with quadriplegia depend on someone else to perform even these most mundane activities for them. For those eligible spinal cord injured quadriplegics, ASCC provides a long term attendant care program to allow individuals to remain in the community with the assistance of a personal care provider who assists them with their basic needs for up to four hours a day. Designed to keep individuals out of nursing homes, this small but cost effective program served 24 clients in fiscal year 2003 at an average cost of \$7,012 per person. This is about one fourth the cost of maintaining a person in a nursing home.

## Additional Services

**Education** Providing educational resources and information about spinal cord disabilities is a primary ASCC goal. Over 2,000 resources may be accessed in the Shirley McCluer Education and Resource Center on SCI. In addition, regional resource centers provide local access to often requested information. This year, with a grant from the Fraternal Order of Eagles, new resources were added to both the McCluer and regional centers. The ASCC website was also redesigned to provide online resources.

**Prevention** Most spinal cord injuries are the result of bad decisions and are preventable. The Commission and the Arkansas Highway Safety program conducted ***Split Second Decisions***, a one hour education program aimed at young adults to promote good decision making. ASCC Clients teamed with Case Managers to discuss their own injuries, driving home the prevention messages - make good decisions, buckle up, be safe. ASCC Case Managers made a record 79 presentations to 2,988 Arkansans.

**Research** ASCC's ***Living Well with Spinal Cord Disability*** program is designed to promote good decision making ability for people with spinal cord disabilities related to healthy eating and physical activity. After attending two one-day training sessions and establishing personal goals, participants are followed for one year to track goal progress and changes in their healthy eating and activity behaviors. This project is funded by Centers for Disease Control and Prevention through a cooperative agreement with UAMS.



## PURCHASED SERVICES



### Client Purchased Services

Imagine you or a family member has sustained a spinal cord injury. The results are devastating, affecting every aspect of the family's life and livelihood. In the midst of dealing with the physical and emotional aspects of the injury, reality strikes: Where and how will we get the needed wheelchair to allow him to be mobile? How will we get the wheelchair into our house?

These questions face the families of all newly spinal cord disabled individuals. Spinal cord injury is a catastrophic and costly disability, taking its toll both personally and financially. Cost of spinal cord injury over a lifetime averages over one million dollars. Each year, individuals with spinal cord disabilities face health care costs averaging \$17,100 more than other citizens.

ASCC provides needed assistance to meet these costs for individuals with spinal cord disabilities who meet established medical and financial criteria. These purchases are authorized by the ASCC Case Managers only when similar benefits, such as insurance coverage, have been exhausted.

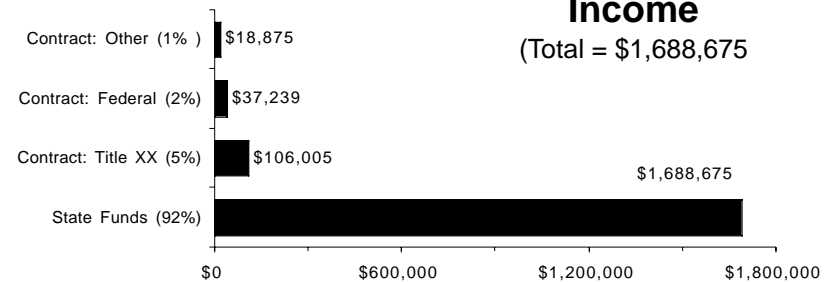
These purchases include medically prescribed equipment such as wheelchairs, braces, therapeutic cushions, medical supplies and medications. In addition, the Commission assists with providing home modifications including ramping, driving adaptations and outpatient clinic and therapy visits.

In Fiscal Year 2003, the Commission expended \$422,094 for these essential goods and services. In addition, the ASCC Case Managers were able to obtain an additional \$292,208 in services on behalf of their clients from other sources.

## AGENCY BUDGET

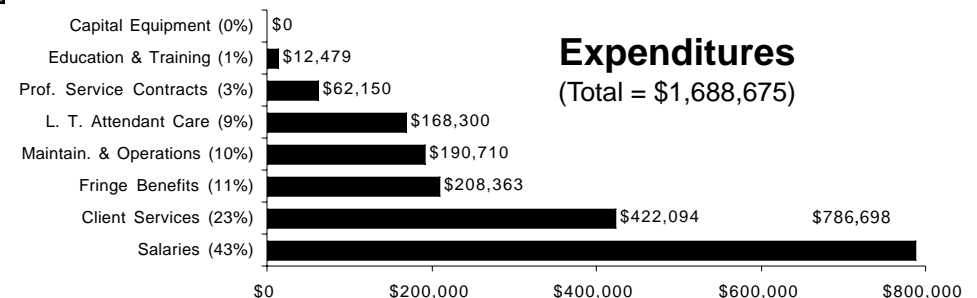
### Income

(Total = \$1,688,675)



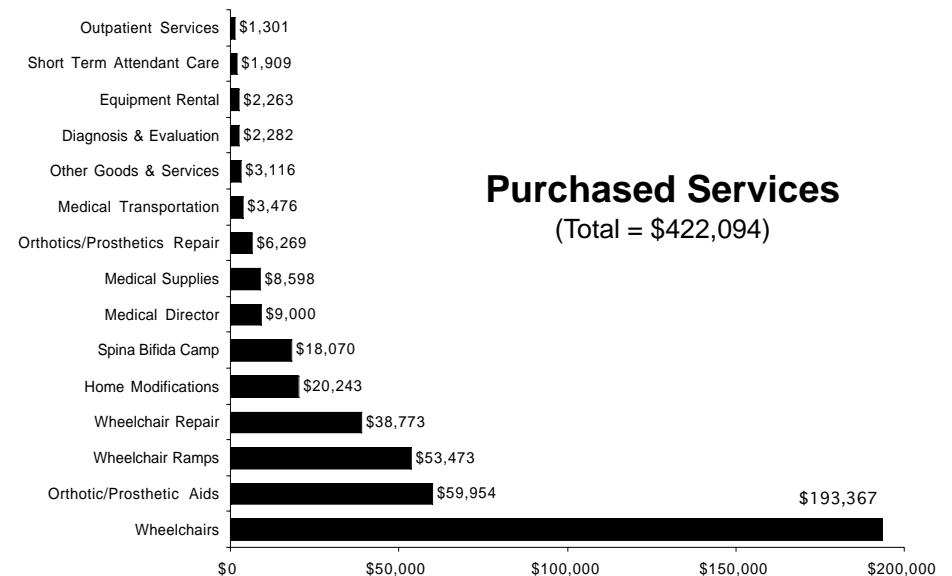
### Expenditures

(Total = \$1,688,675)



### Purchased Services

(Total = \$422,094)





# AGENCY REFERRAL SERVICES

## FY2003 New Cases by Etiology

Traumatic (n=91)

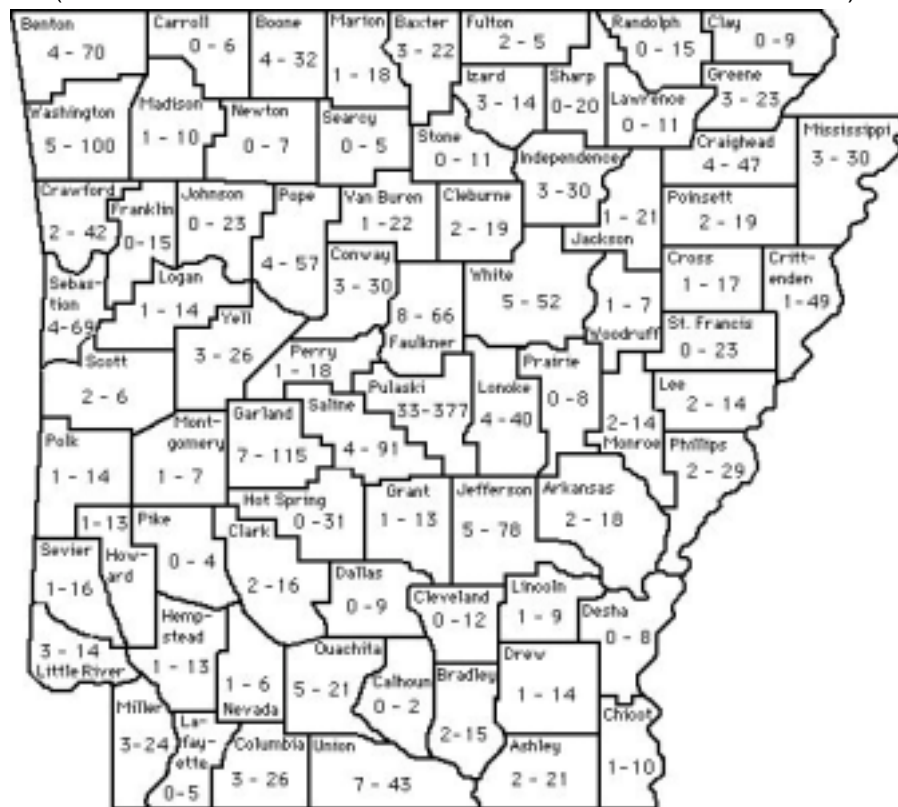
Cause	Number	Percent
Motor vehicle	33	36.2%
Falls	19	20.9%
Gunshot	12	13.2%
Diving	4	4.4%
ATV	4	4.4%
Pedestrian / motor vehicle	4	4.4%
Falling object	3	3.3%
Sports & recreation	3	3.3%
Motorcycle	2	2.2%
Assault	2	2.2%
Other	5	5.5%

Non-traumatic (n=85)

Cause	Number	Percent
Multiple Sclerosis	21	24.7%
Spina Bifida	19	22.3%
Spinal cord tumors	12	14.1%
Spondylosis	8	9.4%
Hemorrhage / thrombosis	5	5.9%
Transverse myelitis	5	5.9%
Spinal abscess	3	3.5%
Guillain Barré	2	2.4%
Herniated disk	1	1.2%
Other diseases / unknown	9	10.6%

## FY2003 New Cases - Caseload by County of Residence

(First number is 2003 new cases. Second number is total caseload.)



## Causes of Spinal Cord Disabilities

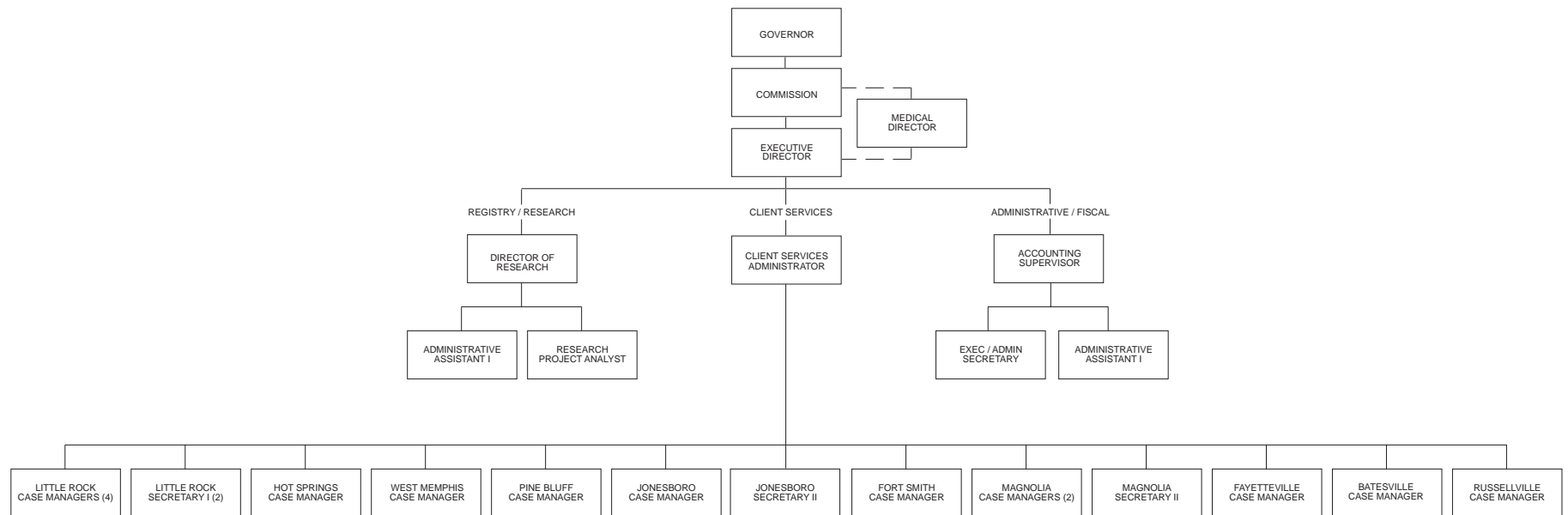
Referrals to the Arkansas Spinal Cord Commission during FY2003 numbered 190; of these, 176 met the medical criteria and were accepted as new cases. Traumatic cases decreased 24.8% and non-traumatic cases decreased 6.6% compared to FY2002 cases.

The decrease in traumatic cases was due to the low number of motor vehicle crashes resulting in spinal cord injury—from 59 in FY2002 to only 33 in FY2003. Hopefully this lower level of motor vehicle crashes can be maintained. In the non-traumatic category, spondylosis, tumor and hemorrhage/thrombosis cases were down while multiple sclerosis cases were up compared to FY2002.

## Central Registry

The Arkansas Spinal Cord Commission maintains the oldest legislatively mandated spinal cord registry in the Country. It is also one of the most comprehensive in the elements collected, as well as in the scope of spinal cord disabilities (including traumatic, disease and congenital cases). The intent of the Central Registry is to insure the referral of all persons with spinal cord disabilities in order that they obtain appropriate rehabilitative and other needed services. In recent years, the Central Registry has also provided data to aid in the development of secondary condition prevention efforts. These efforts include several state based projects as well as submitting data to the national spinal cord injury registry at the Centers for Disease Control and Prevention.

# ORGANIZATIONAL CHART



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